

Neurological Correspondence.

ABSTRACTS FROM THE PROCEEDINGS OF THE NEW YORK NEUROLOGICAL SOCIETY.

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MESSRS. EDITORS:—During the last six months the proceedings of the society have been full and interesting. What follows represents but a part of its work, since several papers have been, or are to be, published in this journal, and need therefore be only alluded to here.

At the April meeting Dr. T. A. McBride read a paper entitled “*Digiti Mortui*,”* specimens of a case of progressive muscular atrophy were shown by Dr. J. C. Shaw;† and the officers for the ensuing year were elected.

At the May meeting Dr. Seguin, the retiring president, made a few remarks, and introduced Dr. Shaw, the president elect. Dr. Seguin read a paper on a case of locomotor ataxia, followed by general discussion.

At the June meeting Dr. Landon Carter Gray gave the history of a cerebral glioma. The symptoms were: a typical “choked disk,” marked pain in the temple and brow, becoming unbearable in paroxysms, nausea, vomiting, ptosis, paralysis of the ocular muscles. The first painful paroxysm began on Jan. 21st. Death occurred on the 16th of the ensuing March. Patient was a female, aged 34. The tumor was soft, jelly-like, of the size of a hazelnut, situated between the horizontal or posterior branch of the fissure of Sylvius and the first temporal fissure on the right side, while the whole of the

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† Published in the present number.

occipital lobe was converted into a colloid, extremely vascular mass, which gave way under examination. This degeneration also extended anteriorly to the tumor as far as the mouth of the fissure of Sylvius. The meninges were normal.*

Dr. Gray also reported a case of large tumor of the medulla oblongata, of which he possessed an imperfect history, having never seen the patient before the autopsy. Nine or ten weeks before death, symptoms began with intense occipital pain, although there was a specific tint of four years' standing, which had been manifested by occasional slight disturbances of health. After a week's duration, the occipital cephalalgia remitted, and the patient resumed work, though not with his usual vigor. It soon returned, and was speedily followed by partial paralysis of the feet and legs, this paralysis ascending until the four extremities were involved, at the same time increasing locally in severity. At the time when the patient came under observation, three days before death, there was complete paralysis of the four extremities, and the muscles of respiration were laboring heavily. Head and face free from paralysis, and voice normal, though he preferred whispering to save his breath. He was somewhat emaciated, and skin was dry and harsh. Bladder and rectum paralyzed, latter having been in this state for three weeks. Urine was purulent. Rectum was found dry as the skin, great rolls of epithelium coming away, but nothing resembling fecal matter. Was perfectly rational, though somewhat dull. Death from failure of respiratory muscles. The heart continued to beat quite as strongly as it had done for days up to and even some half-dozen beats beyond the cessation of respiration. Autopsy: An irregularly conical tumor was found on the posterior surface of the oblong medulla, extending from the cerebellum to $5\frac{1}{2}$ centimetres below, and pressing upon the lower portion of fourth ventricle. The growth had been entirely from the dura mater, no attachment to the medulla having taken place.

* This case was mentioned by Dr. Gray in his article on "Cerebral Thermometry," read before the American Neurological Association, and published in the *New York Medical Journal*, Aug., 1878. The site of the tumor was diagnosed by him with his cerebral thermometers, and it is claimed to be the first thermometrical diagnosis on record of the locality of a cerebral tumor.

The tumor was irregularly lobulated, being $2\frac{1}{2}$ centimetres thick and $5\frac{1}{2}$ wide at the base of the cone, which was above, and about $\frac{1}{2}$ centimetre thick and $1\frac{1}{2}$ wide at the apex. It had flattened out the posterior surface of the medulla to some extent, and there were shallow depressions on this surface and on the floor of the ventricle formed by the lobules. The growth was hard, resisting, fibrous to the touch. Microscopical examination showed it to be a fibro-sarcoma.

Dr. Seguin presented some specimens of sections from the spinal cord of an anencephalous foetus.

Dr. Hammond then read a paper "On Obscure Abscesses of the Liver; their association with Hypochondria, and their Treatment." Beginning with the proposition, that abscess of the liver may exist without exciting suspicion, either by any marked general or local symptoms, the reader proceeded to sustain this point by numerous citations of authors and of instances, and then passed at once to the recital of the particulars of several cases which had come under his own observation. Omitting many details of these cases, five in number, they may be thus briefly summarized :

Case I.—B. B., aged 45, suffering from spinal paralysis, had injured his right side by a fall. There was never any decided pain in the part injured nor enlargement, and no fever or signs of exhaustion appeared. Gastric derangement, some pain at times in the right shoulder, and very marked hypochondria, however, existed. It was thought that fluctuation could be detected over the anterior surface of the liver. The needle of an aspirator was introduced through the tenth intercostal space, rather behind a line let fall from the middle of the right axilla, and fifteen and one-half ounces of pus were evacuated. No unpleasant symptoms followed the operation; the patient's general health as well as his mental condition greatly improved, and he remains well except as regards the paralysis of the lower extremities, from which he had previously suffered.

Case II.—E. P. R., aged 70, had been for several years under treatment for cerebral symptoms, and later had a slight seizure, apparently of cerebral hemorrhage, not followed, however, by any permanent paralysis. In August, 1876, after a considerable interval, during which he had regained a good

degree of health, he again came for consultation, complaining of great depression of spirits, irregular action of the heart, gastric derangement, alternate constipation and diarrhoea. The conjunctivæ were of a slight yellow tinge, though no bile was discovered in the urine. There was no enlargement of the right side of the abdomen, no distinct pain in the liver, and but slight tenderness on pressure. Nor could fluctuation be detected with any certainty.

The fear of death and other morbid apprehensions were, however, so great that it was determined to aspirate the liver. A small needle was introduced, as in the previous instance, and eight and a half ounces of pus were evacuated. The patient made an excellent recovery; the mental symptoms disappeared at once, and his general health became better than it had been for years. There has never been since the operation any approach to hypochondria.

Case III.—J. N. C., aged 48, suffering from cerebral hyperæmia, which was at first relieved by removing a small growth from the external meatus of the ear. In a month however, these symptoms returned. He was also depressed in spirits, the stomach was deranged, nausea was frequent, there were irregular action of the heart and a peculiar livid appearance of the face and neck. Insomnia remained a marked symptom. Under treatment amendment occurred, but after a few months the patient again returned, worse than he had yet been. Insomnia was distressing; he had unpleasant dreams when he did sleep; he was apprehensive of impending death, insanity or paralysis. There were pain in the head, a sensation of weight at the vertex, vertigo, irregular and at times intermittent action of the heart, constrained respiration, and also the peculiar lividity previously noticed. Dyspepsia, constipation, and a slight yellow tinge in the conjunctivæ were also present. Slight but distinct evidence of bile in the urine was discovered.

Examination of the liver failed to show any enlargement or tenderness. It was thought that fluctuation could be detected. Inquiry revealed the fact that the patient had several years previously suffered from malarious attacks, and was now living in a malarious region.

On the 21st of August the needle of a hypodermic syringe was introduced through the ninth intercostal space, and pus obtained. On the 23d an aspirating needle was introduced, and ten ounces of highly offensive brownish-colored pus evacuated. The same needle was then reinserted at the spot where the hypodermic syringe had been previously introduced, and four ounces of pus, quite free from odor, obtained. The patient regained excellent health, his cerebral symptoms entirely disappeared, his complexion became clear, his stomach and bowels recovered their normal functions, and he is now able to transact an immense business.

Case IV.—W. J. S., aged 30. Three years previously was treated for symptoms indicative of cerebral hyperæmia, with gastric disturbance. Persistent wakefulness was a marked symptom. His general health was bad, his body emaciated and his urine loaded with urates. He improved under treatment but was subject to relapses, apparently due to over mental exertion. In April of the present year he was again seen. His symptoms were pain in the head, insomnia, and hypochondria of a very decided form; also dyspepsia characterized by pain, burning, nausea and vomiting. The urine contained a large excess of phosphates, but no bile. The conjunctivæ were tinged and the complexion sallow. Emaciation was extreme. Examination of the liver, owing to the thinness of the patient's abdominal walls, was effected with ease, but no enlargement or prominence or tenderness of that organ could be detected, nor was pain complained of in its region. There was however distinct fluctuation. The patient agreed to an operation, and accordingly the smallest-needled fan aspirator was introduced at the eighth intercostal space, taking care to making the puncture valvular. Eight and a half ounces of odorless pus were evacuated. The patient immediately began to improve in appetite and spirits, his dyspepsia disappeared, he slept well, the pain in his head ceased, his complexion became clear, and in a few days he returned home quite recovered.

Case V.—F. C. S., aged 48. His symptoms were pain in the head, occasional vertigo, wakefulness, great mental depression, dyspepsia, and other indications of cerebral hyperæmia. Under treatment he improved greatly, except in the one point

of mental depression. After an interval of six months of fair health, all his old symptoms again made their appearance, the hypochondria especially being present to an alarming extent. He had lost all interest in life, though at the same time full of the most gloomy apprehensions in regard to himself. He was certain that his disorder must end in death or insanity, and he did not care which. Of the diagnosis of cerebral hyperæmia there was no doubt, but added to this was a degree of hypochondria approaching to insanity. The gastric disturbance was great, there was no appetite, he suffered severely from alternate diarrhoea and constipation, and the complexion was sallow. After careful and thorough examination, no signs of disease of the liver could be detected by abdominal examination, neither by the operator himself nor by the two medical gentlemen present.

It was agreed that there were absolutely no local signs of abscess, nor any such general symptoms as are commonly supposed to indicate the disease in question. With previous experience in mind, however, it was determined to operate with the aspirator, which was accordingly introduced through the eleventh intercostal space, at a point two inches in front of a line let fall from the middle of the axilla. At a depth of two inches pus flowed, and nine ounces of odorless, creamy-looking pus were obtained. For the first time in many weeks the patient slept at night. As regards all his symptoms, the change for the better became well marked, and there is little doubt that complete recovery will result.

The points which the reader considered established by the foregoing cases are :

1. That hepatic abscesses are probably much more common with us than is generally supposed.
2. That they may exist without any local symptoms or such general disturbance of the system as is commonly regarded as indicating their presence.
3. That they may be associated with hypochondria and other evidences of cerebral disturbance.
4. That they should be opened at the earliest possible moment, and without waiting for adhesions to form between the liver and the abdominal wall.

5. That the proper place for performing the operation of aspiration is in one of the intercostal spaces.

6. That the operation by aspiration is free from danger.

7. That in all cases of hypochondria or melancholia, the region of the liver should be carefully explored, and that even if no fluctuation be detected or any other sign of abscess be discovered, aspiration, being a harmless operation, should be performed.

8. That if pus be evacuated, the operation may be expected to be followed by a cure of the mental disorder as well as by the preservation of the life of the patient from the probably fatal consequences of hepatic abscess.

9. That if no abscess be found the patient will, at least, be no worse off than he was before.

Relative to the third of these propositions, the association of liver disease or disorder, including abscess, with hypochondria may be readily granted; but there are beyond this points of importance. What, for instance, is the cause of the abscess of the liver, in these cases? The reader was inclined to think that they are due to the brain disturbance in the first instance, and that by their influence the cerebral symptoms were altered and intensified.

It is well known, also, that congestion and inflammation of the lungs may be the direct result of cerebral hemorrhage, and that the mal-nutrition of the skin leading to the production of ulceration, is sometimes a consequence of a like cause. There are, also, many other examples that might be adduced, going to show the influence of lesions or disease of nerve centres over the nutrition of distant organs. There are, therefore, strong physiological and pathological reasons for ascribing these hepatic abscesses to the direct influence of brain diseases, especially hyperæmia, by which the nutrition of the liver is impaired, and destruction of a certain portion of its tissue effected. That they are invariably attendant upon such a condition is not to be asserted. Doubtless there are pathognomonic signs of their presence which only further experience can discover. At present we move in the dark, or at least in a very obscure atmosphere. But in the harmlessness of the operation necessary for their cure we have a factor which cannot but aid in our further enlightenment.

At the October meeting Dr. Segnin presented a case of Progressive Facial Atrophy, as follows :

Mr. President and gentlemen :—The patient who is before you is the bearer of so rare a disease, one so little understood, that every instance of it is well worthy of study. The following is a summary of a history of the case :

Delia H., ten years of age, has enjoyed general good health, and comes of sound parentage. When she was five years of age her mother noticed a greenish spot " like a ringworm " on the left cheek, midway between the malar bone and the angle of the mouth. There were no pains in the face at this, or at any subsequent time. Very gradually (perhaps in the course of one year), the cheek began to sink in, and the mouth to become crooked, being drawn upward and to the left. No other spots have been noticed. The disease has slowly progressed without pain until the present time. The physical and mental development of the child have progressed unimpaired.

Present condition : The child is well-grown, and healthy-looking. The face is much disfigured on the left side by an atrophy of a large part of the cheek. The mouth is drawn upward and to the left ; its upper red border is small and almost linear. From a distance the skin appears healthy. The region lying between the malar eminence and the mouth is the seat of a deep excavation, in which the volume of half a walnut would have to be placed in order to imitate the rotundity of the other cheek. Closer examination shows the following points : A whitish atrophic spot exists in the centre of wasted region, about the size of a five cent silver coin ; but the rest of the skin of the head and face is healthy. All the tissues of the cheek are much wasted, and its thickness is nearly one-third less than that of the opposite side. The left upper segment of the lip is excessively thin, but these soft parts are in no wise abnormally adherent to the bone. The remainder of the face on the left side is rather thinner than on the right, but no positive atrophy exists except in the region above described. The tongue and soft palate are normal. The left superior maxilla is, however, the seat of marked wasting ; its alveolar border not being more than half as thick as that on the right side. The upper teeth are more regular on the diseased than

on the healthy side ; they are of good size and well preserved. The space between the two upper middle incisors is abnormally great. The whole set of teeth is irregular, but not Hutchinsonian or specially rachitic. The anterior part of the hard palate is deeper (atrophied) on the left side. The lower jaw is normal. The pupils are equal and normal. Voluntary movements are almost perfectly full and free on the atrophied side of the face.

Sensibility : The points of the esthesiometer are distinguished at the following distances : on the forehead, at 15mm. on each side ; on either cheek at 12 and 12mm. ; on the lower cheek and over the lower jaw, at from 6 to 10mm. ; on the red surface of the lips at 2mm. ; there being no difference between the two sides even on the thinnest part of the left upper lip. Pricking is well felt everywhere on both sides of the face.

Faradic reaction in the facial nerve : The right and left nerves are substantially equal, giving reaction with the minor current and four inches of cylinder of Kidder's battery. Applying the current to the muscles on the outer and on the inner surfaces of the cheek, gives the same result, *i. e.*, irritability is equal, and movements about as large (seemingly not as large because a greater mass of flesh is lifted on the healthy side) ; every muscle of the cheek and lip on the left side is present and normally active. To galvanism the reactions in the nerve and in the muscles with from 8 to 9 elements of Stöhrer's battery are normal : $KaC \gg AnC$; equal on the two sides.

Vaso-motor phenomena : With the exception of the white spot mentioned above there is no difference between the two cheeks as regards color ; when the patient blushes the two sides of the face and head become equally red ; and nitrite of amyl affects them similarly. The patient and her mother have observed that when she gets warm no perspiration appears on the wasted cheek. I have made one or two observations upon the temperature of the two cheeks, but have found no marked differences.

The treatment thus far, for about two months, has consisted in tri-weekly galvanization of the affected cheek, the kathode on the wasted cheek and the anode on the nape of the neck ;

the current of 8 or 10 elements of Stöhrer's battery being used. No noteworthy result has followed.

To my knowledge, only four other instances of this rare and obscure disease have been observed in this country: one each by Dr. W. A. Hammond, by Dr. W. H. Draper, by Dr. Banister, of Chicago, by Dr. Beverly Robinson, of New York. In the excellent article by Eulenburg, in vol. XIV, of *Ziemssen's Cyclopaedia of Medicine*, only sixteen well authenticated cases are reported.

I have, during the past two years, seen Dr. Draper's patient repeatedly, and can say that the disease in her case has decidedly advanced about the temporal and pre-auricular regions. Changes seem also to be going on in the lower jaw, as the teeth have rapidly decayed, and intense neuralgia has occurred. I should add that in this patient I have at all times been able to demonstrate the integrity of the electro-muscular and electro-neural reactions, and of sensibility.

At the November meeting, Dr. E. C. Spitzka read a paper on the "Merits, motives and prospects of the present movement for Asylum reform,"* and Dr. W. A. Hammond read a brief paper on "Cerebral symptoms from impacted cerumen in the ear." The paper consisted essentially of a number of cases in which marked cerebral symptoms were developed, such as hallucinations, temptations to suicide, tinnitus aurium, noises, voices, etc., and disappeared upon the removal of impacted cerumen from the ear.

Commenting upon the cases, the doctor gave his view with reference to the cause of the roaring produced by the introduction of the end of the finger into the ear—namely—that it was the circulation in the finger that was heard, the finger simply acting as a conductor of the sound; adding further in explanation of his theory, that if a cork be introduced into the ear and the hand removed, no sound would be heard, but that if the hand were again brought in contact with the cork the roaring would recommence.

Dr. C. A. Leale referred to two cases which illustrated the practical importance of the subject of the paper. One was

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that of a young man, who, on account of the gradual development of cerebral symptoms, was advised to discontinue his college course. He suffered considerably from pain in the ears, and in obtaining a history of the case it was learned that when two years old, fourteen years previously, he had been in the habit of putting beans into his ears. One bean had been removed from one ear, but another remained, became surrounded by wax, pressed upon the tympanum, and excited all the cerebral symptoms recognized. The bean was removed, and the symptoms, to a very great extent, disappeared, but the prospects of the young man were ruined, for he had already given up his studies and engaged in some simple farm labor. The second was that of a lawyer, fifty-four years of age, who had been recommended to give up his profession because it was almost impossible for him to hear the judge's remarks or the answers from a witness. On examining the ears nothing at first could be seen. The external meatus was small, and the canal could be illuminated only with considerable difficulty. Finally, a dark mass was discovered, which was readily removed with warm water injections, and it proved to be inspissated cerumen. With its removal all disagreeable symptoms disappeared, and the gentleman renewed his professional labor.

Dr. Gray remarked, with reference to the hallucinations which had been attributed to impacted cerumen in the ear, that the question arose whether in any of the cases the hallucination would have been present had there not been a predisposition to insanity, either hereditary or from the previous existence of insanity from other causes. With an excitable condition of the nerve centres, produced by previous insanity, it was easy to understand how any peripheral cause might develop the predisposition.

Dr. Hammond remarked that he was not able to state whether, in the cases reported, there was any predisposition to insanity. The curious part of some of the cases was, that the patients did not suffer from illusions, but rather from what might be called perversion of hallucination. They did have noises in the ears, and those noises were converted into real voices. He did not know of any example in the entire range of cerebral phenomena, in which a perverted sensation was

converted into speech for instance, or anything which conveyed a distinct idea to the senses. The doctor then referred to the danger which attended the introduction of sea-water into the ears, and mentioned cases in which marked cerebral symptoms had been developed in consequence of such irritation.

Dr. Webster regarded the statement made by Dr. Hammond with reference to the cause of the noise in the ear when the finger was introduced into the external auditory meatus, as entirely new, and one which he could not accept. He believed that the noise was produced by pressure of the air against the tympanum, and not simply by introducing the finger into the ear.

Dr. Kiernan remarked, with reference to the hallucinations based upon perverted sensation, that a patient came under his observation who believed that he had a doctor in his abdomen who was constantly talking to him, but the speaking was not through the ears. With reference to inspissated cerumen, he had found many insane patients whose ears were filled with it, but the removal of the wax had not in any case been followed by removal of the hallucinations.

Dr. Roosa remarked that after spending some years in the examination of cases, he had not been able to satisfy himself with reference to the etiology of inspissated cerumen. With reference to its existence he would simply say, that he did not believe any person who had had inspissated cerumen more than once in his life had sound ears. If inspissated cerumen occurred more than once in the same person it was evidence that something of the hearing power had been lost, and that it would become still further impaired. With reference to hallucinations, Meyer, of Hamburg, had removed inspissated cerumen from the ears of a large number of insane persons, but only in two cases did the hallucinations disappear after the removal of the wax.

Dr. Sessell had directed his attention to one case in which hallucinations were removed by the removal of impacted cerumen. With reference to the causation of noise in the ear when the finger was introduced into the auditory canal, he believed the chief cause was the pressure exerted by the finger, and that the arterial circulation had but little to do with it.

Dr. Shaw believed with Dr. Gray, that mental symptoms would be produced by impacted cerumen only in those who had a predisposition to mental disease.

Dr. Leale made special reference to the irritation produced by crystals from sea-water left in the ears after bathing, and the importance of carefully washing the ears out with warm water.

ABSCESS OF THE BRAIN.

Dr. J. C. Shaw presented specimens from a case of abscess of the brain.

The patient was a man thirty-seven years old, who had had suppurative inflammation of the ear for a number of years. Two weeks previous to his death he had a little extra pain in the ear, but it passed with slight notice. The pain becoming more severe about four days before his death, a consultation was held, and an incision was made over the mastoid process for the relief of what was supposed to be inflammation affecting the mastoid cells. The man, however, became rapidly worse, and passed into a state of coma. The mastoid process was also trephined, but no relief was obtained. At autopsy, a small necrosed point was found in the dura mater just above the ear, with a sinus leading up to an abscess. There was extensive meningitis, which was regarded as the probable cause of death. The case was mentioned for the purpose of drawing attention to what was believed to be

A NEW FACT IN CONNECTION WITH MENINGITIS AND DISEASE OF THE MIDDLE EAR.

Dr. Shaw stated that he had occasion to make post-mortem examinations in five or six cases of meningitis associated with middle-ear trouble, and the question arose, how was the meningitis produced?

In three cases he had been able to trace the pus along the Gasserian ganglion and to the fifth nerve.

Dr. De Rossett thought we should not forget, in this connection, the possible transference of trophic changes from one portion of the body to another.